



Fact Book:

All About the
Blue Cross and
Blue Shield
Organization



**BlueCross BlueShield
Association**

An Association of Independent
Blue Cross and Blue Shield Plans

The Blue Cross and Blue Shield Organization

To millions of Americans, the Blue Cross and Blue Shield brands represent peace of mind when it is needed the most.

That is because the Blue Cross and Blue Shield names and symbols stand for the largest and most experienced health insurance organization in the nation. The Blue Cross and Blue Shield organization is not a single company, but rather a network of 63 independent, locally operated companies called Plans. Each Plan is community-based and works closely with local hospitals and physicians to assure its customers receive excellent and affordable care tailored to their needs. For nearly 70 years, Blue Cross and Blue Shield Plans have provided their customers with coverage for high quality medical care in the most cost-effective manner possible.

Blue Cross and Blue Shield Plans can be organized as not-for-profit corporations or as for-profit companies, depending on their business climate, capital needs and regulatory environment. But all Plans are related through their membership in the Blue Cross and Blue Shield Association, which licenses the Plans to use the Blue Cross and Blue Shield names and symbols. The Association not only licenses the Plans, but also serves as a trade association and as a contractor with the federal government.

Unlike large commercial insurance companies, Blue Cross and Blue Shield Plans are locally based and today still maintain their commitment to serving community needs. Each Plan operates independently in its own service area and has the flexibility to predict and prepare for changes in local health care delivery. Plans work with local and state government officials and business leaders in addressing the needs of their communities. This strong community base gives Plans the opportunity to work directly with local hospitals and physicians in exploring new methods of delivering and financing care. It also allows for greater creativity and responsiveness in tailoring benefit plans to meet customers' specific needs.

Together, the independent Blue Cross and Blue Shield Plans provide health care financing for almost 66 million people — roughly one in four Americans.

A 70-Year History of Caring

The early days of Blue Cross and Blue Shield Plans mark the birth of prepaid health care coverage in America.

Originally, Blue Cross Plans were formed to cover the cost of hospital care, while Blue Shield Plans were established to cover physicians' services. Now, both brands represent the full spectrum of health care coverage.

In nearly every state, Blue Cross and Blue Shield Plans cooperate closely. In many states, they have evolved into joint corporations. In a few locations, they remain separate operations.

Blue Cross Roots

The Blue Cross story began in 1929 when Justin Ford Kimball, an official at Baylor University in Dallas, introduced a plan to guarantee school teachers 21 days of hospital care for \$6 a year. Other groups of employees in Dallas soon joined the plan, and the idea quickly attracted nationwide attention.

In 1933, E.A. van Steenwyk, an executive with the forerunner of Blue Cross and Blue Shield of Minnesota, began to identify his hospital care program with a blue-colored cross design. Other groups elsewhere in the country followed suit, and in 1939 the Blue Cross symbol was officially adopted by a commission of the American Hospital Association (AHA) as the national emblem for Plans that met certain guidelines.

In 1960, the commission was replaced by the Blue Cross Association, which was independent of the AHA. All formal ties with the AHA were severed in 1972.

Blue Shield Roots

The Blue Shield concept grew out of the lumber and mining camps of the Pacific Northwest at the turn of the century. Employers who wanted to provide medical care for their workers made arrangements with physicians, who were paid a monthly fee for their services. These contracts led to the creation of "medical service bureaus" composed of groups of physicians. The first was organized in Tacoma, Washington, by Pierce County physicians in 1917. Some bureaus, including the Pierce County bureau, still operate today as Blue Shield Plans.

These pioneer programs provided the basis for the first modern Blue Shield Plan, which was founded in California in 1939. In 1948, a group of nine Plans known as the Associated Medical Care Plans informally adopted the Blue Shield symbol. Three years later, they registered the Blue Shield at the federal patent and trademark office. This group eventually became the National Association of Blue Shield Plans.

The Blue Cross and Blue Shield Association, created in 1982, is the result of a merger of the Blue Cross Association and the National Association of Blue Shield Plans.

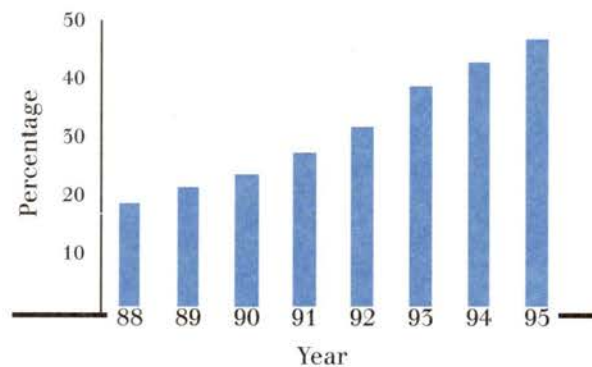
Controlling Health Care Costs and Improving Care

The Blue Cross and Blue Shield Plans are industry leaders in the challenge to provide customers and accounts the most affordable coverage for the highest quality health care possible. A collective commitment to providing a range of managed care programs enables Blue Cross and Blue Shield Plans to control benefit costs while still maintaining choice and quality for customers.

The Nation's
Managed Care
Leader

Collectively, Blue Cross and Blue Shield Plans comprise the nation's largest managed care system. Nearly 32 million people — roughly one in nine Americans — are enrolled in a Blue Cross and Blue Shield Plan managed care network. From 1988 to 1995, enrollment in Blue Cross and Blue Shield Plan managed care products increased from 19 percent to 48 percent of total collective enrollment.

Percent of Total Membership Enrolled in Managed Care Products



Making Managed Care Accountable Care

Health Maintenance Organizations

Blue Cross and Blue Shield Plan managed care programs are available in every region of the country. At the end of 1995, Blue Cross and Blue Shield Plans operated health maintenance organizations (HMOs) in 45 states, the District of Columbia and Puerto Rico. And, as of June 30, 1994, Blue Cross and Blue Shield Plan-controlled HMOs collectively surpassed Kaiser Permanente as the organization with the largest number of HMO enrollees. HMOs give customers access to a select group of physicians and hospitals with which the HMO has contracted at predetermined reimbursement rates.

In the United States, one in six HMO members is a member of a Blue Cross and Blue Shield Plan-controlled HMO. Blue Cross and Blue Shield Plan-controlled HMOs work together to serve companies whose employees are located in several states. Many Blue Cross and Blue Shield Plan-controlled HMOs are members of HMO Blue USA, the largest HMO network in the country. BCBS Plan-controlled HMOs collectively contract with 259,000 physicians and 3,200 hospitals.

HMO Blue USA

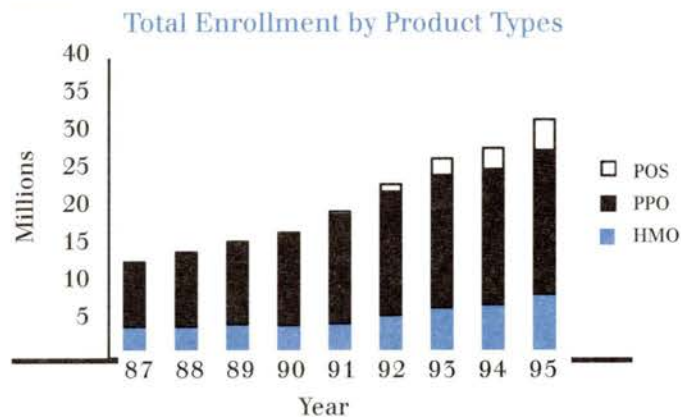
HMO Blue USA is a national network of 77 Blue Cross and Blue Shield Plan-owned or affiliated HMOs sponsored by the Blue Cross and Blue Shield Association. It is the largest HMO network in the country, providing coverage to approximately 8.3 million members in 45 states plus the District of Columbia. Collectively, HMO Blue USA can provide health care services to nearly 90 percent of the U.S. population. HMO Blue USA HMOs have been providing quality Network Management services over the past 20 years for employers of all sizes. This extensive national network of HMOs offers cost-effective, high quality medical care to employees of over 100 national corporations, including United Airlines and the Xerox Corporation.

HMO Blue USA's national office administers a reciprocity program that extends managed care coverage to members and their dependents outside of their HMO's own service area. Through the unique Away From Home CareSM program, employees are covered for Urgent Care and Guest Membership privileges from any of the HMO Blue USA-affiliated providers when they travel. Because of HMO Blue USA's unmatched geographic reach, Away From Home CareSM is available to members in over 250 major metropolitan areas.

Every HMO Blue USA network HMO maintains a strong commitment to the delivery of quality managed care. A Quality Improvement Initiative program has been developed to establish national quality performance standards for the HMO Blue USA network consisting of HEDIS reporting and NCQA Accreditation.

Preferred Provider Organizations

Blue Cross and Blue Shield Plan programs offer wide networks of physicians and hospitals. For example, Blue Cross and Blue Shield Plan-controlled preferred provider organizations (PPOs) collectively contract with more than 480,000 physicians and 5,100 hospitals.

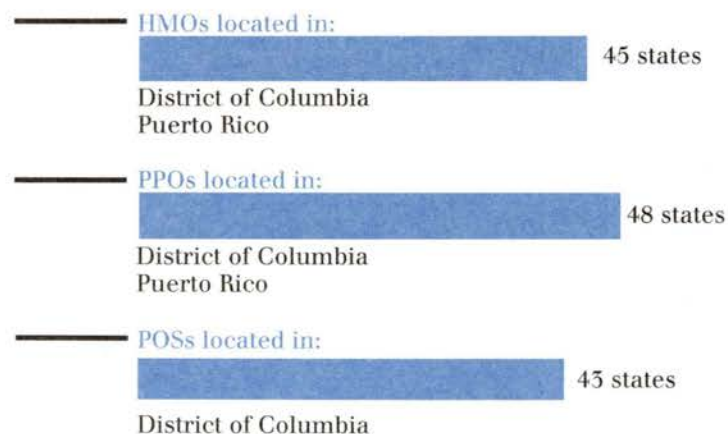


As of year-end 1995, Blue Cross and Blue Shield Plans operated PPOs in 48 states, the District of Columbia and Puerto Rico. A PPO is like an HMO in that it contracts with a group of select providers to deliver care to its customers. PPOs offer customers financial incentives to use the networks “preferred providers” but do allow members the flexibility to go out of network, and often furnish a broader network of health care professionals than HMOs.

Point of Service Programs

At the end of 1995, Blue Cross and Blue Shield Plans operated point of service (POS) programs in 43 states and the District of Columbia. The typical POS program combines elements of an HMO and a PPO, together with some unique features. In POS programs, customers choose a primary care physician who manages specialty care and referrals. POS members can choose to use a non-network provider, but receive a higher level of benefits when they use physicians in the POS network.

Blue Cross and Blue Shield Managed Care Programs Nationwide



Year ending 1995

Leaders in Medical Management

Health plans are evolving, responding to changing market conditions and the need to control costs while providing the highest quality care. The Blue Cross and Blue Shield Association is helping Plans restructure their medical management programs. Through dedicated scientific research and establishment of quality networks for high-tech procedures, Blue Cross and Blue Shield Association medical management staff acts as a central resource by identifying and disseminating best practices in medical management, quality improvement, and clinical decision making. The focus is on the shift from individual case management to the prospective management of defined member populations.

Products and services include the identification, development and promotion of: Current and evolving practices in medical management including identifying at-risk members, targeted screening programs, case management strategies, outcomes measurement and overall process enhancement. Specific tools and strategies for the appropriate management of chronic diseases, e.g., diabetes, asthma, chronic obstructive pulmonary disease, heart disease, cancer, musculoskeletal disorders, and depression. Organization of national and regional symposia on best practices in medical management and coordination of demonstration projects.

The Technology Evaluation Center

Since 1985, the Blue Cross and Blue Shield Association Technology Evaluation Center has provided technology assessment services to Blue Cross and Blue Shield Plans. The program synthesizes the best existing scientific evidence to determine the safety and efficacy of new medical technologies. The goal is to determine whether these technologies improve the health outcome of the patient. In 1993, the Center was expanded and opened to the entire insurance industry. Now, decision makers from a variety of managed care organizations and insurance companies also subscribe to the program. Services include assessments, newsletters, a telephone information clearinghouse and scientific educational sessions.

The National Transplant Network

The Blue Cross and Blue Shield Association, in cooperation with its Plans, formed the National Transplant Network to give customers expanded access to medical institutions with high quality, cost-effective transplant services. The Network covers six types of transplants: heart, liver, bone marrow, lung, heart/lung and pancreas/kidney. Participating institutions agree to provide a comprehensive package of transplant services within a global price and must meet quality criteria. The National Transplant Network is one of the largest transplant networks in the country.

Transplant and Medical Review Program

The Transplant Medical Review Program makes independent expert physician reviews available to Plans to assist in the evaluation of member appropriateness for bone marrow and cell transplants. Plans may use the Program as part of their benefits authorization process and appeals mechanism, or for retrospective review. The expert review panel consists primarily of physicians who perform bone marrow transplants and oncologists. Plans can specify the type of expert physician reviewers they want for their cases. In conducting the reviews, reviewers refer to review criteria developed in consultation with an expert advisory panel. Reviewers prepare written reports in accordance with the BCBSA prescribed format and discuss their findings with the Plan and attending physicians.

Clinical Trial Support Activities

The Blue Cross and Blue Shield Association has developed several programs to support Plan and member participation in well-designed clinical trials. The Clinical Trials Information Unit was established to help Federal Employee Program (FEP) members find clinical trials eligible for FEP coverage under the Clinical Trials Benefit. The federal Office of Personnel Management mandated this benefit during fall 1994, in order to cover bone marrow transplants for patients with breast and ovarian cancer and multiple myeloma. A nurse case manager who staffs an "800" number provides information, referrals and case management services to members, their families and physicians.

Demonstration Project for Breast Cancer Treatment

Spearheading an insurance industry initiative, the Blue Cross and Blue Shield organization is supporting the National Cancer Institute clinical trials to determine the efficacy of a new treatment for breast cancer—high dose chemotherapy with autologous bone marrow transplant. The Demonstration Project supports clinical trials and compares the new treatment regimen with standard therapy in breast cancer treatment. The Demonstration Project is a collaborative effort of a group of Blue Cross and Blue Shield Plans, the National Cancer Institute and participating medical institutions. Participating Blue Cross and Blue Shield Plans provide financial support to defray a major portion of patient care costs for the treatment.

The Pediatric Cancer Network

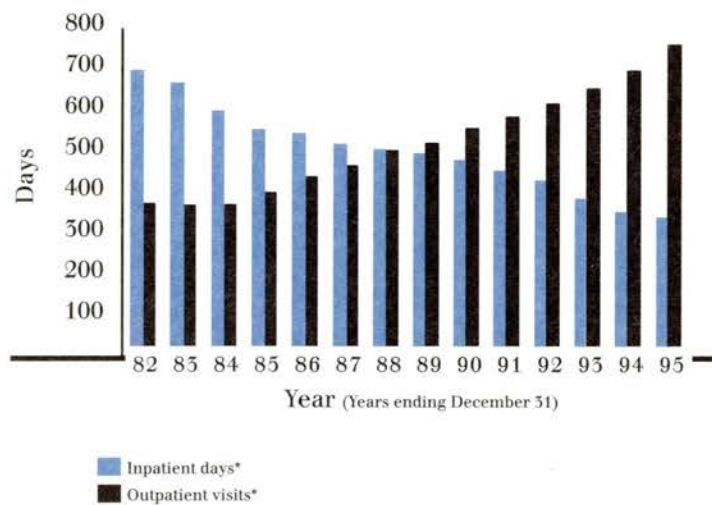
In April 1996, the Blue Cross and Blue Shield System created a national network of specialized centers to treat children with cancer. The Pediatric Cancer Network is built on the scientifically established finding that children's survival rates can be significantly improved if their care is coordinated by pediatric oncologists and delivered at comprehensive, multi-disciplinary cancer centers. Through the Network, Blue Cross and Blue Shield Plans and their subscribers will have unprecedented access to innovative pediatric cancer care, coordinating the highest quality options and the most cutting edge treatment available in America today.

Hospital Utilization

Blue Cross and Blue Shield Plans strive to promote cost-effective care. When a patient is eligible to receive treatment on an outpatient basis rather than in an inpatient setting, costs may decline dramatically without sacrificing quality of care. Because inpatient admissions are far more costly than outpatient visits, a decline in inpatient hospital utilization represents significant cost containment.

Blue Cross and Blue Shield Plans collectively experienced a decline in inpatient hospital utilization during 1995. The number of aggregate inpatient days per 1,000 people insured by Blue Cross and Blue Shield Plans declined 6.5 percent. At the same time, the outpatient visit rate increased by 8.9 percent. During that same time period, the cost of an inpatient admission was 0.3 percent less than the same period one year earlier; the last five-year average annual increase was 4 percent.

Comparison of Hospital Inpatient and Outpatient Visits



*Per 1,000 Blue Cross and Blue Shield Plan Members

Redefining the Business of Health Insurance

While Blue Cross and Blue Shield Plans remain responsive to their local marketplaces, they also serve major national accounts by capitalizing on vast, sophisticated computer networks for claims processing and national account information—a capability not possible for many Plan competitors. In addition to moving aggressively into managed care, many Blue Cross and Blue Shield Plans continue to take the lead in efficient management of health benefit dollars.

Streamlined Administration

Simpler means less expensive in the world of health care administration. That's why the Blue Cross and Blue Shield organization is working to streamline administrative tasks for all involved—patients, physicians, hospitals and insurers. EDI-USA, the Blues' electronic data clearinghouse, allows health care providers and payers to transmit data over a computer network, virtually eliminating paper claims. In 1995 (the most current data available) more than 759 million Blue Cross and Blue Shield Plan claims were processed electronically, translating to 75 percent of all claims—compared to 15 percent electronic claims processing for non-Blue insurers. The Blues' electronic claim submissions saved an estimated \$949 million in administrative costs in 1995.

While costs for operating non-Blue insurance companies can run as high as 25 percent, collectively, the Blue Cross and Blue Shield Plans' administrative costs average 11.5 percent (as of December 31, 1995).

The BlueCard Program

The BlueCard Program meets the needs of Blue Cross and Blue Shield Plan members who require health care when traveling or living in another Blue Cross and Blue Shield Plan's area, and of accounts with employees in more than one Plan service area. Sixty million Blue Cross and Blue Shield Plan members are eligible for the BlueCard Program.

Currently, more than one million claims per month are processed through the BlueCard Program and those numbers keep climbing. In 1995 alone, the program brought more than \$591 million in savings, which are ultimately passed on to subscribers.

The Fight Against Fraud

As much as 5 percent of all health care costs is attributable to fraud — a significant financial loss, considering the billions of dollars spent on health care each year. Many Blue Cross and Blue Shield Plans are combating fraud and abuse by establishing sophisticated fraud units and special hot lines to help recover money spent on fraudulent claims. These efforts saved more than \$68.3 million in 1994.

Integrated Health Systems

Many Blue Cross and Blue Shield Plans and health care providers nationwide are forging new relationships that integrate delivery and financing of health care. Under these arrangements, physicians, hospitals and insurers coordinate the provision and financing of all necessary medical care. The result: more coordinated patient care, better access to clinical information for providers, better quality health care and increased cost-effectiveness for customers.

Encouraging Wellness

Recognizing that health promotion and disease prevention are valuable keys to lowering health care costs and maintaining a quality lifestyle, Blue Cross and Blue Shield Plans offer their customers a wide range of wellness programs. These initiatives range from sophisticated health intervention programs for high-risk mothers to specialized case management programs for individuals with chronic or life-threatening diseases. Many Plans throughout the country offer broad wellness packages for employers, including product incentives to reward healthful habits, as well as "full-course" prevention and risk intervention programs. Plans also incorporate wellness benefits into their products, including services such as mammography, well-child care, immunizations and disease-specific screening tests.

In addition, Blue Cross and Blue Shield Plans have a long tradition of commitment to community-based health programs. Among the many programs that Plans have sponsored are mobile units offering free health testing or immunizations for school-age children, along with community screening programs for high blood pressure and elevated cholesterol levels.

As a leading advocate for health awareness and action, the Blue Cross and Blue Shield System is the official health insurance sponsor of the U.S. Olympic Team and the 1996 Olympic Games. We believe the Games provide an outstanding forum for wellness education. The Blues will help bring home to every American the chance to achieve Olympic excellence by reaching personal health and fitness goals.

Bringing Care to Those Who Need It Most

Blue Cross and Blue Shield Plans are working within their communities to expand access to health care services to those who are at greatest risk—children. Plans have also worked together with state governments and business leaders to develop unique products for those individuals and groups locked out of the mainstream health insurance market because they lack employer-sponsored coverage.

Caring Program for Children

One in three American children—13 million—had no health insurance from any source in 1995, according to U.S. Census Bureau data. To reach these children, many Blue Cross and Blue Shield Plans sponsor Caring Programs for Children, which provides free primary health care benefits to children of low-income families not eligible for public assistance.

The original Caring Program for Children was developed by Blue Cross of Western Pennsylvania and Pennsylvania Blue Shield. Currently, 24 Blue Cross and Blue Shield Plans have established Caring Programs, and more than 175,000 children have benefited. The Caring Programs were the models for state health insurance programs that currently serve more than 96,000 children.

Although each program varies, the benefit package commonly includes immunizations, well-child care, sick-child care, diagnostic tests, emergency accident and medical care, and outpatient surgery. Plans form partnerships with their local governments to address needs of the uninsured. Coverage is funded through donations and sponsorships from businesses, foundations, religious organizations, civic groups, schools, unions and individuals. Plans themselves cover all administrative costs.

Special Products

Recognizing that significant segments of the population fall into categories that make it extremely difficult to obtain reasonably priced health coverage, Blue Cross and Blue Shield Plans are developing and marketing new products to fill this need. Included in the growing list of targeted benefit packages are low-cost health insurance products for children, managed care programs for individuals and tailor-made benefit plans for small groups. In addition, many Plans administer or participate in state insurance pools that provide coverage for the uninsured.

Working With the Federal Government

The Blue Cross and Blue Shield organization has long participated with the federal government in financing two important health care programs: Medicare and the Federal Employee Health Benefits Program.

Medicare

Collectively, Blue Cross and Blue Shield Plans are the largest single processor of Medicare Part A and Part B claims in the nation. In 1995, Plans paid \$127.8 billion in benefits on behalf of Medicare beneficiaries.

The Blue Cross and Blue Shield Association is a prime contractor for Medicare Part A (hospitalization and related institutional care). The Association, through and with its subcontractor Plans, serves as an intermediary between the government and providers participating in Medicare Part A.

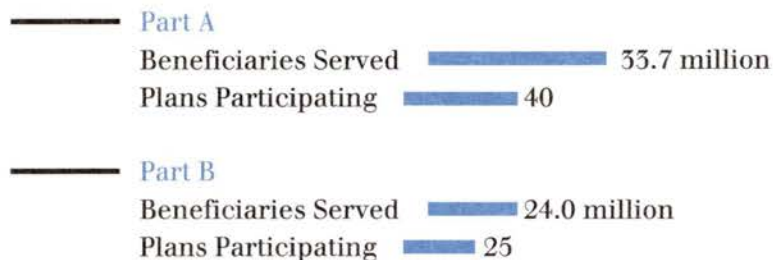
The Blue Cross and Blue Shield Association negotiates contract changes and consults with the Health Care Financing Administration on Medicare program policies and procedures on behalf of its subcontracting Plans. The Association also monitors Plan performance, develops program policies and training materials for the Plans and provides technical assistance.

Blue Cross and Blue Shield Plan subcontractors process 85 percent of Part A claims. The Plans also perform utilization reviews, audits and other financial and benefit safeguard activities necessary for the efficient operation of the Part A program.

Many Blue Cross and Blue Shield Plans have been appointed by the Secretary of the U.S. Department of Health and Human Services to serve as administrative carriers for the physician care and professional services portion (Part B) of Medicare. Together, these Plans process 68 percent of the claims from physicians and other health care practitioners. The Association serves as a clearinghouse for these efforts and offers administrative or management assistance to participating Plans.

Some Blue Cross and Blue Shield Plans also serve as state and regional carriers for Medicaid and the Civilian Health and Medical Program of the Uniformed Services.

Medicare: The Blues' Role



As of September 30, 1995

Medicare Blue USA

Launched in 1996, Medicare Blue USA is the national network of Blue HMOs for Medicare beneficiaries. As of May 1996, there were 20 Blue Medicare HMOs operating in a total of 17 states and covering 351,648 Medicare beneficiaries. This placed the Blue Cross and Blue Shield System collectively as the fourth largest participant, in terms of enrollment, in the Medicare managed care program. It is expected that 30 Blue HMOs will be operational in Medicare managed care by January 1, 1997.

Unique among its benefits, Medicare Blue USA provides seniors with portable HMO coverage through the Away From Home CareSM Program. This gives seniors access to hassle-free urgent and follow up care, as well as to the Guest Program, through the national Blue network when traveling away from home. Specifically, the Guest Program (pending Health Care Financing Administration approval) enables a senior, who is residing in another geographic area for anywhere from 30 days to 6 months, to register as a guest in an affiliate Medicare Blue USA HMO. Medicare Blue USA is the only program of its kind to offer seniors portable, or out-of-area, managed care coverage on a national basis.

The national network management capabilities of Medicare Blue USA also meet the demands of large employers, who are increasingly looking to managed care options for their retirees. The ability to cover retirees residing in different geographic areas provides a one source, coordinated solution for cost-effective, quality care.

Federal Employee Program

As the nation's largest employer, the federal government is responsible for negotiating health care coverage for more than 9 million federal workers, retirees and their families. The government also pays part of the cost of that coverage. Federal employees have a choice of benefits available from more than 350 insurance carriers, including the Blue Cross and Blue Shield Federal Employee Program.

More than 44 percent of all federal employees and retirees enrolled in the Federal Health Benefits Program have chosen Blue Cross and Blue Shield Plan coverage. That represents approximately 1.8 million contracts and 3.6 million subscribers, making Blue Cross and Blue Shield's Federal Employee Program the largest privately underwritten health insurance contract in the world.

The Blues' Federal Employee Program is evolving into a highly successful managed care program that gives federal workers a wide range of choice and benefits. At the same time, Blue Cross and Blue Shield Plans have been able to control the program's costs and keep subscribers' premiums low.

Reshaping the
Marketplace to
Meet Consumer
Needs

Private sector innovation is the key to making affordable coverage more widely available. By offering consumers a choice of health plans that promote quality while managing costs, Blue Cross and Blue Shield Plans are leading private sector initiatives to reform and reshape the health care marketplace. The Blues' commitment to controlling costs while retaining freedom of choice, quality and innovation are at the heart of an effective health care system for all Americans.

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June 1996

Plans

Blue Cross and Blue Shield of Alabama	Birmingham, AL
Blue Cross and Blue Shield of Arizona	Phoenix, AZ
Arkansas Blue Cross and Blue Shield	Little Rock, AK
Blue Shield of California	San Francisco, CA
Blue Cross of California	Woodland Hills, CA
Blue Cross and Blue Shield of Colorado	Denver, CO
Blue Cross & Blue Shield of Connecticut	North Haven, CT
Blue Cross Blue Shield of Delaware	Wilmington, DE
Blue Cross and Blue Shield of the National Capital Area	Washington, DC
Blue Cross and Blue Shield of Florida	Jacksonville, FL
Blue Cross and Blue Shield of Georgia	Atlanta, GA
Blue Cross and Blue Shield of Hawaii	Honolulu, HI
Blue Cross of Idaho Health Service	Boise, ID
Blue Shield of Idaho	Lewiston, ID
Blue Cross and Blue Shield of Illinois	Chicago, IL
Anthem Blue Cross and Blue Shield	Indianapolis, IN
Blue Cross and Blue Shield of Iowa	Des Moines, IA
Blue Cross and Blue Shield of Kansas	Topeka, KS
Anthem Blue Cross and Blue Shield	Louisville, KY
Blue Cross and Blue Shield of Louisiana	Baton Rouge, LA
Blue Cross and Blue Shield of Maine	South Portland, ME
Blue Cross and Blue Shield of Maryland	Owings Mills, MD
Blue Cross and Blue Shield of Massachusetts	Boston, MA
Blue Cross and Blue Shield of Michigan	Detroit, MI
Blue Cross and Blue Shield of Minnesota	St. Paul, MN
Blue Cross and Blue Shield of Mississippi	Jackson, MS
Blue Cross and Blue Shield of Kansas City	Kansas City, MO
Alliance Blue Cross and Blue Shield	St. Louis, MO.
Blue Cross and Blue Shield of Montana	Helena, MT
Blue Cross and Blue Shield of Nebraska	Omaha, NE
Blue Cross and Blue Shield of Nevada	Reno, NV
Blue Cross and Blue Shield of New Hampshire	Manchester, NH
Blue Cross and Blue Shield of New Jersey	Newark, NJ
Blue Cross and Blue Shield of New Mexico	Albuquerque, NM
Blue Cross and Blue Shield of Western New York	Buffalo, NY
Empire Blue Cross and Blue Shield	New York, NY
Blue Cross of the Rochester Area	Rochester, NY
Blue Shield of the Rochester Area	Rochester, NY
Blue Cross and Blue Shield of Central New York	Syracuse, NY
Blue Cross and Blue Shield of Utica-Watertown	Utica, NY
Blue Cross and Blue Shield of North Carolina	Durham, NC
Blue Cross Blue Shield of North Dakota	Fargo, ND

Anthem Blue Cross and Blue Shield	Cincinnati, OH
Blue Cross & Blue Shield of Ohio	Cleveland, OH
Blue Cross and Blue Shield of Oklahoma	Tulsa, OK
Blue Cross and Blue Shield of Oregon	Portland, OR
Pennsylvania Blue Shield	Camp Hill, PA
Capital Blue Cross	Harrisburg, PA
Independence Blue Cross	Philadelphia, PA
Blue Cross of Western Pennsylvania	Pittsburgh, PA
Blue Cross of Northeastern Pennsylvania	Wilkes-Barre, PA
Triple S	San Juan, PR
La Cruz Azul de Puerto Rico	Rio Piedras, PR
Blue Cross and Blue Shield of Rhode Island	Providence, RI
Blue Cross and Blue Shield of South Carolina	Columbia, SC
BlueCross BlueShield of South Dakota	Sioux Falls, SD
Blue Cross and Blue Shield of Tennessee	Chattanooga, TN
Blue Cross and Blue Shield of Memphis	Memphis, TN
Blue Cross and Blue Shield of Texas	Richardson, TX
Blue Cross and Blue Shield of Utah	Salt Lake City, UT
Blue Cross and Blue Shield of Vermont	Berlin, VT
Trigon Blue Cross and Blue Shield	Richmond, VA
Whatcom Medical Bureau	Bellingham, WA
Blue Cross of Washington and Alaska	Mountlake Terrace, WA
Skagit County Medical Bureau	Mount Vernon, WA
King County Medical Blue Shield	Seattle, WA
Washington Physicians Service	Seattle, WA
Medical Service Corporation of Eastern Washington	Spokane, WA
Mountain State Blue Cross and Blue Shield	Parkersburg, WV
Blue Cross and Blue Shield United of Wisconsin	Milwaukee, WI
Blue Cross and Blue Shield of Wyoming	Cheyenne, WY

